

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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4						
5						
6	1	2				
7	1	2				
8	1	2				
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TOTAL IND.	2					
TOTAL DEP.	30	2	2	2	2	2
TOTAL CLAIMS	30	2	2	2	2	2

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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